

Required Forms & Documents

To complete your student's Score Academy file, we must have a copy of the following required documents. If you are a returning student, all forms need to be re-submitted each year with updated information and signatures. Please sign these forms and return them to the school by Wednesday, August 16, 2023.

- ✓ Student-Parent Handbook Sign Off Page
- ✓ Release and Waiver Forms
- ✓ Emergency Contact Form
- ✓ Authorization of Consent to Treatment of Minor
- ✓ Transportation Release (If Applicable)
- ✓ Authorization of Student Pick-Up
- ✓ Authorization for Administration of Non-Prescription Medication
- ✓ Authorization for Administration of Prescription Medication (If Necessary)
- ✓ School Entry Health Examination Records
- ✓ Allergy Form
- ✓ Lunch Ordering Procedure
- ✓ SSD/Accommodations for ACT & SAT Memorandum of Understanding
- ✓ School Communication for non-emergencies and emergencies

If you haven't already submitted the following, please do so before the first day of school:

- ✓ Transcripts from the prior school
- ✓ Neuropsychological evaluations
- ✓ Individualized Educational Plans (public school), 504 Plan (public school) and/or accommodation plan (private school)

As per the state of Florida: Students in grades kindergarten through twelfth grade who are making their initial entry into a Florida school must present a record of a physical examination completed within the past twelve months. The exam record should be taken to the child's school upon enrollment. Florida's standardized School Entry Exam form (DH 3040-CHP-07-2013) should be used to document completion of a physical examination. It must be completed by a health care provider licensed to perform physical examinations. For students transferring to a Florida school, a comparable form from another state would be acceptable, if completed within one year. All students entering Kindergarten, seventh grade and ninth grade must have a physical within one year of enrollment. Seventh graders must have a scoliosis check-up, as well.

School Immunization Requirements:

<http://www.floridahealth.gov/programs-and-services/immunization/children-and-adolescents/school-immunization-requirements/index.html>

Health Examination Forms:

<https://www.floridahealth.gov/programs-and-services/childrens-health/school-health/documents/school-health-entry-exam-form-dh3040-chp-07-2013.pdf>



AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR

We the Undersigned, parents/guardian of _____, a minor, authorize the employees of Score At The Top as agent(s) for the Undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed in the state of Florida on the medical staff of any hospital, clinic, or urgent-care center, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital, clinic, or urgent-care center. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of her/her best judgment may deem advisable.

We, the Undersigned, authorize any hospital, clinic, urgent-care center or physician which has provided treatment to the above-named minor to surrender physical custody of such minor to the above-named agent(s) upon the completion treatment.

Insurance Carrier	Policy Number

These authorizations shall remain effective until revoked in writing and delivered to said agents(s).

Parent

Date



EMERGENCY CONTACTS

In case of unexpected illness or emergency, it is extremely important for the health and welfare of the student to be able to immediately contact the parents or guardian.

Emergency Contact	Relation	Home	Work	Cell

Please list the name and telephone number of a medical doctor or other health advisor who is located reasonably near the SCORE, and who, by virtue of the parent or guardian's signature below, will have full authority to render any and all necessary emergency medical or surgical aid to the student at the parent's expense.

Heath Care Provider	Phone	Address



RELEASE AND WAIVER

We (hereafter called "Undersigned") have full custody of _____ (hereafter called "Student"), a minor. As his/her guardians, we hereby give our permission and consent for Student to leave the premises during school hours (hereafter called "Activity") during the duration of his/her enrollment at Score Academy. Student must obtain permission from the Head of School or designated substitute, sign out, and remain in the company of a Score Academy staff member.

The Undersigned voluntarily release, discharge, waiver, relinquish all claims, and covenant not to sue Score Academy (hereafter called SCORE), its respective directors, officers, agents, affiliates, related companies, independent contractors, and employees, from all liability to the Undersigned or the Student and all his/her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the Undersigned or the Student whether caused by the negligence of the SCORE or otherwise while the Student or the Undersigned are engaged in the above-named Activity.

The Student and the Undersigned hereby assume full responsibility for and risk of bodily injury, death or property damage to the Student and the Undersigned due to negligence of the SCORE, its directors, officers, agents and employees while the Student and the Undersigned are engaged in the above-named Activity. The Undersigned further expressly agrees that the foregoing Release and Waiver is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The Undersigned has read and voluntarily signs the Release and Waiver of Liability, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Parent

Date

Student

Date



PARENTAL PERMISSION FOR STUDENT PICKUP 2023-2024

Score Academy requires your consent for your child to be picked up from school by anyone other than parents or guardians. This is for the safety of your child. This form will never supersede your parental authority or your denied permission on any specific situation. All individuals picking up children will be required to show photo identification.

Student Name: _____ Grade: _____

I hereby give my consent for my child to be picked up from school by the following person(s) – who must show picture ID when picking up my child:

Name	Relationship to Student	Phone

APPROVED BY:

Father/Guardian

Date

Mother/Guardian

Date



Class and Transportation Permission/Release

Permission is requested for your child (student) to be transported to an off-site location for class. To give permission for your child to participate in this class, complete the information in Section II. Return the completed *Class and Transportation Permission/Release* to the teacher named below. If this *Class and Transportation Permission/Release* is not returned, your child will not be permitted to attend. This form must be signed by the parent(s) and student, if over 18 years of age. Both parents should sign if feasible.

SECTION I - TRIP INFORMATION

NAME OF SCHOOL Score At The Top, PBG		SCHOOL CONTACT Robin Kantor, Head of School		TELEPHONE NUMBER 561.626.2662
TEACHER Score Academy teacher or staff		GRADE Varies	CLASS DURATION 2023-2024 School Year	
CLASS DAYS AND TIMES As scheduled				
DESTINATION All field trip locations - Location varies per field trip <input checked="" type="checkbox"/> In-county <input type="checkbox"/> Out-of-county				NUMBER OF STUDENTS Varies
METHODS OF TRAVEL (check all that apply) <input type="checkbox"/> School Bus <input checked="" type="checkbox"/> Private Charter Bus <input type="checkbox"/> Walking <input checked="" type="checkbox"/> Private vehicle***PARENT ONLY*** Other (specify)				
DRIVER <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Student		PURPOSE OF CLASS TRANSPORTATION PERMISSION AND RELEASE Off-Site Field Trip		

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 plan.

* Each person transporting the student(s) in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parents/ guardians of the student traveling in the vehicle, upon request.

SECTION II- PARENT/ LEGAL GUARDIAN APPROVAL

NAME OF STUDENT (last, first, middle initial)			
HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	CELL NUMBER	EMERGENCY TELEPHONE NUMBER
PHYSICIAN NAME	TELEPHONE NUMBER	STUDENT SWIMMING SKILL LEVEL (if applicable) <input type="checkbox"/> Non-swimmer <input type="checkbox"/> Beginning <input type="checkbox"/> Skilled	
OTHER STUDENT INFORMATION (allergies, medications, etc...., be specific)			

I agree, and my child agrees, to abide by all rules and safety precautions relating to this class. I am aware that during this class/field trip certain risks are inherent. I understand that this class/field trip may involve certain conditions, hazards and potential dangers, including those associated with traveling in the above chosen method of travel; or those associated with the facilities or property where the class will occur; or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am allowing my student to participate in this class/field trip of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the class/field trip in which my child will be participating. I agree to accept responsibility for any negligent, willful, or intentional act of my child and as a result will indemnify and hold harmless Score At The Top for all costs, damages and attorneys' fees. Further, I hereby release, discharge, waive, relinquish all claims, and covenant not to sue Score At The Top, Inc. ("SATT"), its respective directors, officers, agents, independent contractors, and employees, from all liability to the undersigned or my student and all his/her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands there for on account of injury to the person or property or resulting in death of the undersigned or my student whether caused by the negligence of SATT or otherwise while my student or I are engaged in the above-named class/field trip. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. I **authorize emergency medical treatment for my child in the event of accident or illness during this class/field trip.**

☐ Check here if the student wears a medical alert

Signature of Emancipated Student

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date



MEDICATION PROTOCOL AT SCHOOL PARENT RESPONSIBILITIES

Prescription Medication

1. An Authorization for Administration of Prescription Medication form must be filled out by the physician, and signed by the parent.
2. A separate authorization form must be filled out for **EACH** medication administered.
3. Changes in medication require a **new** authorization form signed by the physician and parent.
4. Medication must be in the original pharmacy-labeled container.
5. No more than a 30-day supply of medication may be accepted.
6. A responsible adult must deliver and pick-up the medications in the school clinic.
7. Notify Robin and Angel, directly, of any medication changes, including discontinued medications.
8. If your child is authorized to receive an early morning medication at school, do not give this dose at home.
9. Discontinued medication must be picked up by parent within one week of the stop date. Unclaimed medication will be destroyed one week after the stop date.
10. During the last month of the current school year, bring only enough medication to be used by the last day of school. Unclaimed medication will be destroyed at the close of the last day of school.

Non-Prescription Medication

1. The **ONLY** non-prescription medications/over-the-counter medications that will be administered at school are:
 - a. Acetaminophen (Tylenol®)
 - b. Calcium Carbonate (Tums®)
 - c. Diphenhydramine (Benadryl®)
 - d. Ibuprofen (Advil®, Motrin®)
 - e. Sting Relief Pad (2% Lidocaine; external use only)
 - d. Any medically required exception to the above non-prescription medication requires an Authorization of Prescription Medication form from the student's physician.
2. Authorization for Administration of Over-the-Counter Medication (OTC) form is available from the Head of School for parent to indicate which of these OTC medications can, or cannot, be administered to the student each school year.
3. Over-the-counter medications as listed above are provided and maintained by the Head of School in the original containers with the manufacturer's label.
4. Notify Robin and Angel, directly, of any medication changes, including withdrawal of parental consent.
5. Over-the-counter medications provided by the school will not be administered to pregnant or breast feeding students unless there is an Authorization of Prescription Medication form from the student's physician.

**OVER-THE-COUNTER MEDICATION (OTC)****THIS FORM IS VOID IF ALTERED IN ANY WAY**

INSTRUCTIONS: Each of the three sections must be completed by parent/guardian for student to receive an over-the-counter (OTC), medication below. **Parents will be notified when student receives an OTC medication.**

I. STUDENT INFORMATION (To Be Completed By Parent/Guardian).

Student's Name (Last, First, Middle)		Birth Date	Medicaid #	Medication Allergy	Grade
Parent/Guardian		Address			
Home Phone	Work Phone		Other Phone (Cellular, WhatsApp, etc.)		

II. ACTION PLAN (To Be Completed By Parent/Guardian). Please complete all spaces. Check yes or no to indicate which of the approved list of over-the-counter medications may be administered when indicated by student's symptoms.

THIS REQUEST IS TO BE EFFECTIVE FOR THE SCHOOL YEAR 2023-2024 OR EARLIER STOP DATE:

Over-the-Counter Medication	Dosage and Time	Condition/Symptoms	Side-Effects*	Comments
Acetaminophen (Tylenol ®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For relief of minor aches & pains; fever (100.5° F) will not be treated at school unless assessment indicated need for treatment of 102° F or higher temperature while awaiting transportation home.	Non significant if administered per manufacturers label	Alert: Students with temperature of 100.4° F must be sent home.
Calcium Carbonate (Tums ®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For stomachache or heartburn	Constipation	Not to be used in children less than 6 years old.
Diphenhydramine (Benadryl ®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For allergy symptoms	Drowsiness or excitability	Alert: Students will not be allowed to drive within 4 hours of taking Benadryl
Ibuprofen (Advil ®, Motrin ®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For relief of bodily aches & pains or menstrual cramps; fever (100.5° F) will not be treated at school unless assessment indicated need for treatment of 102° F or higher temperature while awaiting transportation home.	Upset stomach	Alert: Contains no aspirin (salicylates) but should not be given if student has allergy to aspirin; may cause stomach bleeding.
Topical Sprays For External Use Only (Burns, cuts, insect bite, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For temporary relief of pain and itching from burns, cuts, insect bites/stings	Non significant if administered per manufacturers label	Do not use on broken skin, near eyes or mucous membranes

III. PARENTAL PERMISSION (To Be Completed By Parent/Guardian). Form is void if this section is incomplete.

I request the designated school personnel to assist my child in the administration of the above described medication/s. I give permission for my child to take the medication indicated above by my checking the yes box according to the condition/symptoms described while in school or while participating in school activities away from the school site. I understand that: (1) there is no liability on the part of the school, its personnel, or agents, including

Score At The Top Palm Beach, LLC personnel, for civil damages as a result of the administration of this medication to my child when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances; (2) these medications are stocked and maintained by school; (3) I will be notified of the medication and time that the OTC medication was administered to my child; (4) I will be contacted if my child's symptoms do not improve and s/he is unable to remain at school. I hereby authorize the exchange of medical information regarding my child's treatment plan between the physician and Score Academy.

Parent/Guardian Signature: _____ Date: _____

Students are not allowed to bring or carry any over-the-counter medications to school or school sponsored activities.



IDENTIFICATION OF ALLERGIES

THIS FORM IS VOID IF ALTERED IN ANY WAY

INSTRUCTIONS: Each of the three sections must be completed by parent/guardian for student

I. STUDENT INFORMATION (To Be Completed By Parent/Guardian).

Student's Name (Last, First, Middle)	Birth Date	Medicaid #	Medication Allergy	Grade
Parent/Guardian	Address			
Home Phone	Work Phone	Other Phone (Cellular, WhatsApp, etc...)		

II. ALLERGIES (To Be Completed By Parent/Guardian). Please complete all spaces. Check yes or no to indicate which of the approved list of over-the-counter medications may be administered when indicated by student's symptoms.

THIS REQUEST IS TO BE EFFECTIVE FOR THE SCHOOL YEAR 2023-2024

ALLERGY	ANAPHYLACTIC (Y/N)	Condition/Symptoms	Emergency Treatment Plan	School Should Administer Emergency Medication
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

III. PARENTAL PERMISSION (To Be Completed By Parent/Guardian). Form is void if this section is incomplete.

I request the designated school personnel to assist my child in the administration of the above described medication/s. I give permission for my child to take the medication indicated above by my checking the yes box according to the condition/symptoms described while in school or while participating in school activities away from the school site. I understand that: (1) there is no liability on the part of the school, its personnel, or agents, including

Score At The Top Palm Beach, LLC personnel, for civil damages as a result of the administration of this medication to my child when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances; (2) these medications are stocked and maintained by school; (3) I will be notified of the medication and time that the OTC medication was administered to my child; (4) I will be contacted if my child's symptoms do not improve and s/he is unable to remain at school. I hereby authorize the exchange of medical information regarding my child's treatment plan between the physician and Score Academy.

Parent/Guardian Signature: _____ Date: _____

Students are not allowed to bring or carry any medications to school or school sponsored activities.

If your child DOES NOT have allergies, please initial here: _____



SCHOOL COMMUNICATION FORM

THIS FORM IS VOID IF ALTERED IN ANY WAY

INSTRUCTIONS: Each of the three sections must be completed by parent/guardian for student

I. CONTACT INFORMATION (To Be Completed By Parent/Guardian).

Student's Name (Last, First, Middle)	Birth Date	Cell Phone #	Email Address
Parent/Guardian (Last, First, Middle)	Work Phone	Cell Phone #	Email Address
Parent/Guardian (Last, First, Middle)	Work Phone	Cell Phone #	Email Address
Additional Contact (in case of emergency)	Relationship to Student:	Cell Phone #	Email Address
Additional Contact (in case of emergency)	Relationship to Student:	Cell Phone #	Email Address

III. PARENTAL PERMISSION (To Be Completed By Parent/Guardian). Form is void if this section is incomplete.

I approve Score Academy to use above information to communicate any and all school-related information, in both non-emergency and emergency situations.

Parent/Guardian Signature: _____

Date: _____



STUDENT-PARENT HANDBOOK STATEMENT OF UNDERSTANDING

I have read this Statement of Understanding and the Student-Parent Handbook, and I agree to be bound by its stated guidelines and policies.

Parent or Guardian

Signature _____

Print Name _____

Date _____

Parent or Guardian

Signature _____

Print Name _____

Date _____

Student

Signature _____

Print Name _____

Date _____

Score Academy Location **Palm Beach Gardens**